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PROF. WARE'S INTRODUCTORY LECTURE.

[Concluded from page 504.]

LET me repeat, that the point I have endeavored to illustrate is, that the main purpose of all medical education is to make good practitioners, and that all other considerations are to be subordinate to this. I feel further bound, in connection with this subject, to express a doubt I have often felt, whether that part of the education of young men which is pursued abroad, has always had a favorable influence upon them in this respect. It has seemed to me, that the same time, the same expenditure, the same diligence at home, with the opportunities afforded them, would train them quite as well, if not better, as practitioners. I would not undervalue the knowledge of the history and pathology of disease which they acquire abroad, and the time has been when these were not to be acquired at home; but, generally speaking, the acquisition is not made under good practical influences, and has not therefore its best effect in preparing for practice. This seems to me to be partly owing to the fact, that our students chiefly resort to the French schools. No nation has contributed more, it is true, to the progress of medical science than the French. But their tendency is to be satisfied with the science. The French mind is not practical. On the contrary, the English and American is eminently so; and I cannot but regard it as unfortunate for practical medicine, that the French schools have been so generally resorted to by our countrymen in preference to those upon the other side of the channel. It is not that they will find, or get, more science in England; but what they get, they will get in relation to its proper uses.

The English, like ourselves, as it has been said, are essentially a practical people. The first question with them in all matters of science is, What is the use? We owe as striking scientific results, perhaps, to the French as to the English; but who have originated the principal applications of science to the arts? The whole social life of man has been revolutionized in our day by these applications. Space and time have been almost annihilated. We live and move and have our being in almost a new universe. To whom are due the discoveries and inventions which have wrought this great change? The French have investigated chemistry, the laws of steam, hydraulics, mechanics, the whole of natural philosophy, quite as successfully as the English. But who has applied them to practical life? To whom do we owe the spinning-jenny, the power-press, the steam-engine, steam-boats, gas-lights, railroads, locomo-

tives, the magnetic telegraph, the lightning rod, ether, chloroform ? Either to Englishmen or to their descendants. And as it is in everything else, so it is in the application of the science of medicine to the art of medicine. We can enumerate half a dozen English writers whose works contain more lessons of practical wisdom than the whole catalogue of the French. Where is their Sydenham ? or their Hunter ? or, to come down to our contemporaries, I know not a single work, which, for those sound, common-sense, practical lessons, that can alone fit a physician for his ordinary duties, is to be compared for a moment with those of Heberden, Prout, Abercrombie, and Holland.

In saying this, let it not be understood that I intend an unqualified commendation of English practice, for, although now greatly modified, it has always partaken too much of the officious and perturbating tendency. But even in its faults you see the kind of influence it may have in directing the student's steps into the right path. It is the constant striving for use which has made it too active. The advantage to the student is, that he is always under an influence which leads him to consider the practical relations of whatever he learns. The principle of progress he acquires will be practical, and not speculative. He may not learn more ; but whatever he learns will be associated in his mind with the strong impression, that the use he can make of it, gives to it its chief value.

Many other considerations might be urged as reasons for preferring an English medical education. Some of these are sufficiently obvious, such as the identity of language, the social relations, the greater resemblance in the moral and religious standard of society in England to our own ; but that which I have mentioned is quite sufficient to induce me to advise every young man to study at least a part of the time he spends abroad, among the surgeons and physicians of the land of his ancestors.

Among the points connected with professional preparation which are of importance in promoting the success of the physician, is a careful study of the laws of prognosis in disease, and a use of the knowledge thus acquired, with that caution which should be always used, where we are so liable to uncertainty and error as in this department of our art. A physician may form a correct judgment of the character of a disease, and understand perfectly well the principles of its treatment, and yet judge very imperfectly as to its course and result. In other words, he may be deficient in a knowledge of prognosis. This knowledge is of value in two ways. First, it is a guide as to the energy of treatment, even where it may not be as to the kind. The necessity of remedial measures depends much on the amount of danger. What and how much we do, will be determined by what we foresee will happen if nothing be done. If we can satisfy ourselves that a patient will recover spontaneously within a reasonable time, we may justifiably abstain from the painful and disagreeable remedies which might be required were his life or future health in danger. In the second place, a competent knowledge of prognosis is necessary in order to ensure a fair estimate of our qualifications in other respects. Mankind are not good judges of our knowledge of pathology, or of diagnosis, or even of treatment. We may be wrong—and the world and even ourselves remain in ignorance of our mistake. But it is not so

with prognosis. When we say that a patient will recover, and he dies; or that he will die, and he recovers, everybody can see that we were wrong. The same is true of all the minor points of prognosis. The world is apt to judge of our knowledge upon subjects of which it is ignorant, by what it perceives of our knowledge upon those with which it is acquainted. Consequently when we are known to make mistakes of one kind, it is naturally enough inferred that we are liable to those of another.

It is right that the young man should avail himself of all honest means to ensure a fair estimate of his qualifications. He should certainly seek to appear to know as much as he really does know, and his actual attainments are often undervalued from a deficiency in some of the minor details of practice, which are mainly to be acquired by familiarity with disease at the bed-side. This deficiency is readily perceived by the habitués of the sick-room, and is often construed to his disadvantage. Nurses, in particular, are apt to be watchful and jealous of young men. They are often the arbiters of his fate—the fatal sisters who may cut, if they do not spin, the thread on which his destiny is suspended. They are sometimes hard judges. Obliged as they are to submit to the unquestioned dictates of the old man—or at least to criticize them in secret—they often make amends for this by watching with painful scrutiny the management of the young one, hoping for some flaw, which may be made the means of displaying their superior knowledge and sagacity. A favorable impression is made by the exhibition in the sick-chamber of a familiar acquaintance with its little details and the minor operations and manipulations one is called on to perform, to direct, or to judge of. You may make great mistakes in practice with impunity; nobody may find it out, and you may not suspect it yourself. But if you bungle in bleeding, or break off a tooth in attempting to draw it, or fail in passing a catheter, or know nothing about the making of gruel and poultices, or the making up of the obstetric bed, you may be set down, as an ignoramus, even although you might be able to win a professor's chair at a medical *concours*.

Very much of a physician's success, especially in early life, depends upon his manners and deportment, more particularly in his intercourse with the sick. This everybody acknowledges. The success of many depends wholly upon this. They have no other recommendation. We meet with individuals who really acquire and retain more credit and confidence from the mismanagement of a case which terminates fatally, than others will gain from the most judicious treatment of one that has a favorable result.

Upon what does this depend? It is at once obvious to those who have observed the matter, that they who exhibit a great difference in this respect from each other are equally successful; and that the man who is very popular with one set of patients is often very unpopular with another set. The explanation of this is sufficiently obvious. Patients themselves are of different temperaments. Some are hopeful, and some are desponding; some are courageous, and some are timid; some are diffident and require support from others, whilst some are self-dependent; some

are acute and penetrate the true character of those who attend them—whilst others are superficial themselves and do not look below the surface for the character of others. Some love flattery and subserviency, whilst others are disgusted by it. Hence different peculiarities of manner are with different people the passport to their regard, and persons of entirely opposite external qualities may be found among the most acceptable practitioners.

One man who succeeds is a boaster. He is a living advertisement of his own recommendations. His talk is of great cures, of which he tells long and marvellous stories; of the distinguished and well-known families whose attendant he is; of the great distance from which patients come to seek his advice. He loses no opportunity of impressing on mankind his great skill and his extensive reputation. There is another who develops his self-complacency in a different manner. He is lofty and oracular. His style of discourse is that of a superior; he cherishes something of the old mystery in which the profession used to delight. He talks obscurely; he entrenches himself behind technicalities, is magnificent upon trifles; he even deals out his pills with an air of majesty. There is still another, who is irritable and arbitrary; who is a tyrant in the sick-room; who resents every little disobedience as a personal insult, and regards the natural expressions of doubt and anxiety as so many reflections on his professional character. As his opposite, there is one who is all gentleness; who always assents—never finds anything—or anybody—in the wrong; who courts the patient, the friends, and the nurse—and has a flattering word for each; who is all things to all; who is a sycophant and almost a hypocrite—whose countenance is the index to his character;

“Eternal smiles his emptiness betray,
As shallow streams run dimpling all the way.”

Then there is on the one hand the man of invincible taciturnity, in whom silence is taken by some as the sign of wisdom; and on the other, the man of invincible loquacity, whose never-ending stream of words flows on as innocent and as empty of meaning as the babbling of a summer brook.

In this picture there is perhaps a little exaggeration of what we meet in actual life; yet men exhibiting these various peculiarities do often-times succeed. Their currency, however, is usually with a limited class; those who like one, naturally dislike his opposite. But there are some physicians whose mode of intercourse with the sick, recommends them equally to all, independently of any mere reliance on their medical skill. Now upon what does this depend? I will endeavor briefly to present a sketch of the circumstances which contribute to this result.

To most persons a fit of sickness is an important event; the physician is associated with all its recollections; and he will best secure the confidence and regard of the patient and his friends who has most distinctly contributed to make those recollections agreeable; who has succeeded best in beguiling its wearisomeness, diminishing its discomforts, relieving its anxieties, dispelling its fears, and raising its hopes.

In order to this a variety of circumstances demand attention. The patient should feel that you take an interest in his case. A physician

may take this interest without appearing to do so, or he may appear to take it when he does not. It is better for him that he should both take it and manifest it. A man who is thoroughly in earnest in his profession, will make every case enough of a study to understand it, and this will be usually apparent; but some men always, and all of us sometimes, exhibit a species of carelessness and indifference which even if only apparent has an unfavorable impression on the mind of the sick man.

Many cases of disease which seem to the patient very important, the physician at a glance sees to be quite otherwise. But the apprehensions of the patient will not be relieved unless he sees that you have given a sufficient consideration to his case to enable you to form a careful judgment of it. He has a right to your deliberate opinion. If he has thought his malady a grave one, he is not likely to be satisfied with your view of it unless he perceive that you have given a candid consideration to his.

The patient, then, should always be allowed a fair hearing. It is gratifying to him to have his account fully heard and well considered. To many invalids there is an absolute pleasure in detailing their experiences to one whom they believe capable of forming a judgment concerning them, independently of any expectation of relief; so that, among the qualities which tend to make a physician acceptable, is that of being a good listener. I do not mean to say that you are bound to listen to all that a garrulous and tedious invalid may choose to inflict upon you; but it is for your interest to be rather indulgent to this propensity, and you are bound to let the patient, as far as practicable, tell his own story in his own way, and not abruptly to cut him short in the narration of details, which appear important to him, and of which you cannot yourself fairly judge till you have heard them.

One should allow a certain degree of weight to a patient's view of his own case, and to the opinions of those who are constantly around him. Not that we are ever to give up our own careful judgment for theirs; but we are to consider theirs in making up our own—especially as regards prognosis. This remark particularly applies to acute cases, and above all to acute cases in children. We are not hastily to put aside the impressions of those who are constantly around the sick-bed, and who have therefore an opportunity for observing many things which we do not. These impressions are very often erroneous, tinctured with prejudice and exaggerated by apprehension; still let them be attended to. Every man must, I think, recollect cases, where the judgment of others, especially concerning the severity and the result of a case, has turned out to be better than his own.

The conversation of the sick-room is a matter of some consequence, and the regulation of it with delicacy and tact constitutes one of the recommendations of a physician. He is indeed first to decide whether any at all is to be allowed; as, in many cases, it is altogether inadmissible. But at some period in most acute, and generally in chronic diseases, it is not only admissible, but, if duly regulated, may do something to beguile the tedious hours of confinement. The visit of the physician is an important event in the day of the invalid; and although the state of his case and the direction of his course are the chief things to be regard-

ed, yet it is not to be forgotten that much may often be learned of his condition by observing him when his mind is withdrawn from the contemplation of his symptoms, and that the agreeable exercise of his faculties and the diversion of his attention may do something in aid of strictly medical management.

It is not always easy to manage this in the best way for each individual. The general tendency of invalids is to dwell upon and talk over their complaints, to observe their symptoms with great attention, and to detail them very minutely. So far as this will throw light on their diseases, it is right to indulge them; but when it proceeds from a morbid habit of mind, and is found to vitiate the imagination and to lead the patient to exaggerated views of his disease, it is injurious. The physician should not unceremoniously interrupt such discourse; he should give it all useful attention; but for the sake of the healthful state of the patient's mind, as well as for his own comfort, he should lead the thoughts away to other subjects.

The conversation of some physicians in the sick-chamber is frequently regulated, by a regard more to their own interest, than to that of the sick man. They indulge in narrations of their medical experience, and especially in accounts of cases similar to that of the person on whom they are attending. This is apt to be done from a desire of self-glorification; it is the ebullition of self-complacency; its object is to produce a favorable impression of the importance and qualifications of the speaker. It is laudable only when it is intended to soothe the anxiety and encourage the hopes of the patient; and this may sometimes be done by an account of cases similar to his which have had a favorable result.

It is almost unnecessary to speak of the value of kindness and cordiality of manner; and simple kindness of manner is, I am happy to say, one of the most common characteristics of the profession. Few that have been much engaged in practice, are deficient in it. It is a habit almost necessarily forced upon them by their daily business. But it is not inconsistent with a very superficial character in all essential respects, and may be combined with much selfishness and an actual disregard of the patient's welfare. Still it goes far, even if it be wholly external; but much farther, when it is the true expression of kind feeling, and is the shining forth of a generous sentiment from within. One of the important results of this genuine quality is a due consideration for, and patience with, the weakness and infirmities of sickness. These are sore evils, and they are no small trials to even well-disciplined minds. Continued suffering, protracted confinement, disappointed expectations of recovery, all tend to produce impatience, irritability, and a selfish regard to mere personal considerations. The influence of this state of mind may extend to the friends of the sick man, who partake, in a measure, of his sufferings and trials. The result is sometimes such as to prove no small tax upon our patience and equanimity. It is particularly so in our younger days, when our authority is less, and the habit of unquestioning confidence in us has not been formed. There are certain degrees of it, and certain modes of its exhibition, which cannot be submitted to consistently with a proper self-respect. Still much of this is to

be borne; it is not to be seen. On the other hand, there is often capiousness and irritability in the physician, which are far less excusable in him than in the patient. We are not childishly to take offence at little expressions that annoy us—at hasty or angry words—at suggestions as to variations in our treatment—at every little deviation from the exact path we mark out, or even at the interference of ill-judging friends, or at the desire to have other advice than our own. We are apt to construe such things as intended to mean more than they do—as implying doubts of our skill, our knowledge, our judgment. They are generally not so meant; and if so regarded, may often make us feel offended with those who have a proper reliance on our judgment, and entertain the kindest feelings towards us.

In our younger days, a readiness to admit, and even to seek, the advice of older men, rather contributes to success, unless it be the result of timidity—of nervous and unfounded apprehension—or of ignorance. I have often heard it mentioned as a recommendation to a young man, and as a reason for giving him patronage, that in all important cases, as soon as he perceived the approach of danger, he was ready to call in the aid of his more experienced brethren. This removes one of the sources of hesitation about the employment of an untried practitioner, and imparts a feeling of safety to those who do employ him. Indeed there is no way in which a patient is so likely to derive all possible aid from our art, in a case involving great anxiety and danger, as when he is under the combined care of an old and a young physician, and has all the advantage of the observation and vigilance of the one, and of the experience and wisdom of the other.

Cheerfulness in the sick-room is an important item among the qualities of an acceptable practitioner. His deportment in this particular, must, of course, depend, in some measure, upon the gravity of the case, and the amount of anxiety on the part of friends. He should never be frivolous or trifling. His occupation is a serious and sober one, and it becomes him to be and to appear a serious and sober man. But this is not inconsistent with a uniform cheerfulness. It is revolting to the feelings of the sick man and his friends to see you light and indifferent, when they are tortured with apprehension; but to see you cheerful imparts to them confidence and serenity. To some, cheerfulness belongs by temperament; but others, who are naturally disposed to look upon the dark side of things, find it difficult to acquire it. Indeed, with the heavy and often painful load of responsibility which is resting upon us, it is not always easy, even to those of a buoyant nature, to retain the necessary command over the feelings. The impression, made by the sad aspect of the chamber where friends are weeping about the bed of departing life, may not have been entirely dispelled before we enter that where they are rejoicing around the cradle of a new object of love. The gloom of one sick-room may follow us into another, and infect that also by its contagious influence. The patient may read an unfavorable augury as to his condition, in the countenance and manners, which have derived their character from scenes we have just left.

The best help to the acquisition of the demeanor of which I speak,

is the cultivation of habitually cheerful views of life and providence. No man is more called into close communion with his fellow beings in their dark and trying hours, than the physician; and no man, therefore, needs more than he, both for his own sake and for that of others, to be able to look upon the brightest lights of the darkest picture. It is one thing to be indifferent, when those with whom we have intercourse are laboring under painful apprehensions, or suffering heavy afflictions; it is quite another thing to be seriously cheerful. This is not inconsistent with the deepest sympathy.

The physician should seek to understand those things in the management of the sick which especially contribute to their comfort. It is not enough to carry your patient safely through his disease—you should aim also to carry him comfortably through it. It is even not too much to say, that ensuring the comfort of a fit of illness, does no little towards making it safe. In a majority of cases, I believe that the discomorts, the annoyances, the sufferings, which attend disease, are looked back upon with quite as much horror as its dangers. Many, who are not disturbed at the prospect of death, shudder when they look forward to the endurance of pain. Many, who are tranquil and happy when their lives are in imminent hazard, are made irritable, peevish and wretched by the little annoyances of a malady which is perfectly safe. A patient is seldom certain that his physician has saved his life; but he often knows that he has been made comfortable by his words or his prescriptions. The adroit and timely administration of remedies which relieve pain, or procure repose, or allay some of the thousand disquieting symptoms of disease, though they may form no part of the essential course of its treatment, make a more vivid impression than the wisest therapeutic management in other respects. The cataplasm which has quieted an aching side, the draught which has soothed the irritated nerves, the opiate which has given to the jaded sufferer a night of placid slumber or of delicious visions, leave far more agreeable associations than the harsher remedies which are employed to encounter the more formidable events of disease.

The physician who is rich in expedients for meeting the ever-varying phenomena of disease, whether of mind or body, will always be an acceptable visitor at the bed-side of the sick. Perhaps some may regard the importance I attach to details of this sort as a little exaggerated. Let me say, as the result of some observation of this matter, that, so far as the success of the practitioner is concerned, he who studies to make the sick-room agreeable and comfortable, is more certain of it, than he who studies only to make it safe. Now as the two are not incompatible—but, on the contrary, since making it agreeable and comfortable, makes it also, to a certain extent, safer, it is surely the part of policy, to say nothing of humanity, to practise all those arts that tend to produce such result.

Self-reliance, in which is included self-possession, is another important element of success. In all affairs we are instinctively led to rely upon those who rely upon themselves. We know how much this quality, even when carried to the extent of arrogance and self-conceit, will accomplish in ensuring a certain kind of success. But self-reliance may be

modest, unassuming, and without presumption. Where so many things, both as to the nature of disease and its best treatment, are necessarily uncertain, the mind of the physician must often be in a state of hesitation and doubt. But neither the patient nor those interested in him should be suffered to partake in the anxiety which this circumstance occasions. This burden it is a part of our business to bear for them. When we have come to the best judgment, as to the nature and treatment of a case, that our knowledge enables us to form, we should, as in all the other affairs of life, act according to it with decision. Because all doubt may not have been removed, we are not to hesitate, or vacillate, or change, unless new light should open to us new views. I do not mean by this that we are always to rely on the decisions of our own minds alone. Indeed men who are deficient in judgment are more apt to be jealous of the advice and interference of others, than those who possess it. He who has an honest and well-founded reliance upon his own judgment, is perhaps the most ready man in the world to welcome aid and counseil from every quarter in the formation of his opinions.

The relation which the physician bears to the other sex is peculiar, and the mode in which he regards this relation and his consequent deportment, make another topic connected with the subject I am endeavoring to illustrate. His daily duties associate him constantly with women. They are more frequently his patients than men; and, as mothers, as wives, as sisters, as nurses, they are the natural attendants in the chambers of the sick. Without female ministrations they are dreary and cheerless indeed. It is, then, not only his duty as a man, to exhibit that deference and delicacy in his deportment which is their right—but it is eminently for his interest to do so, as a candidate for professional employment. The first success of a young man depends especially upon his acceptance with them. They may be his best friends, or his worst enemies.

In our intercourse with them as patients, many occasions arise in which there is great embarrassment to a diffident and delicate female. It cannot be otherwise. It ought not to be otherwise. Her feelings are, in the best sense, natural and appropriate. In such cases it will depend entirely upon the tact and delicacy of the physician whether violence is done to these feelings, or whether they are soothed; whether the information necessary to be had, remains locked up in the bosom of the patient, or whether it is kindly and gently drawn from her without a wound to her sensibility. It makes an immense difference to her, whether the man she consults regard the whole matter with a hard and vulgar indifference, and as one which is to call out no peculiar sentiment—or whether he duly appreciate the agitated and often agonized condition in which she is placed. It is certain that many females suffer for years from causes which might be easily removed, for want of courage to speak of them to their medical attendant—or for want of that tact on his part which would enable him to elicit an account they cannot bring themselves spontaneously to give.

I beg leave, then, to impress it on you, as a most important lesson, never to forget to maintain that deportment towards every individual of

the other sex, which, being an essential characteristic of the gentleman, ought, of course, to be eminently of the physician—never to approach any woman as a patient and forget that the relation you bear to her is one peculiar to our profession, and that she may be called upon to confide in you as she would in no other human being. No doubt there are coarse and vulgar women, both among the high and the low, who are not offended or repulsed by a want of the deportment I mean, and to them coarse and vulgar physicians are not unacceptable. But even such are not insensible to the influence of a refined and delicate treatment; they appreciate instinctively the homage which is thus paid to their sex; whilst from the truly modest and cultivated it wins, more perhaps than any other quality, their confidence and regard.

There is unfortunately something in the first influences of our training which tends to impair the delicacy of our minds with regard to certain subjects. From being matters of constant attention in our earlier years they become so familiar, that they cease to have the same associations to us, as they have to others. We consequently may acquire habits of feeling, and often of speaking, in relation to some topics held in a certain reserve by mankind in general, which habits are repulsive and even shocking to the feelings of others. I may refer, as an example, not merely to the subject upon which I have just spoken, but also to that of dissections. Certainly the tendency of the habit of dissection is to produce a difference between us and other men in the feelings with which we regard the remains of the dead. Naturally we entertain a sort of reverence for the inanimate body of a fellow being; a kind of awe comes over us in contemplating it; we provide in the most respectful and affectionate manner, and often at great expense, for its sepulture; we accompany it with holy rites; we are shocked if even the remains of a stranger, or a criminal, are committed to the grave without them. Thus all our associations are of a tender and almost sacred nature. But the habitual dissection of the dead body, necessary as it is, surely has a tendency to destroy these associations; we may forget that the object before us is anything but a mere subject of our art; it may become to us no more than the inorganic materials of the chemist's retort are to him. Thence may arise an indifference and even a levity of speech and manner, which are abhorrent to the sensibilities of the rest of mankind.

Now it is not necessary that this should be. The influence exerted is so gradual, the change in our habits and feelings is so insensibly brought about, that we are not aware that it has taken place, and are, perhaps, surprised and offended if it be pointed out to us. But the testimony of others to its reality should teach us carefully to look to the influences to which we are exposed, on this and other subjects, in our habitual pursuits. It should teach us to resist whatever may tend, in any degree, to diminish the tenderness, the delicacy, the purity of mind, which are so peculiarly required in the performance of our duties.

These considerations suggest, and they afford an occasion for, a few remarks upon the position which becomes us towards those of the other sex who are candidates for practice in our profession. It is well known

that it is now seriously proposed, not only to introduce them more fully into that branch, which has always remained more or less in their hands, but also to prepare them, by a complete medical education, to engage in the general practice of the art.

I trust we should be among the last to oppose the entrance of woman into any department of active life, in which she can secure to herself a useful and honorable position, and a full reward for her talents and services. None know so well, as those of our profession, how heavy a share of the burdens, the trials, the responsibilities of life fall to her lot, or wonder more at that mysterious arrangement by which the author of our being has assigned so unequal a destiny to the fairest and most tender of his creatures. But so we know it to be, and we should be the first to promote her introduction to any occupation which will afford her a fair portion of the pleasures, duties, rewards and honors of society, aye, to welcome her to our own, if it can prove for her advantage or happiness.

But whatever may be thought of her adaptation to the one particular department to which I have alluded—and for this I am willing to admit that considerations of some weight may be urged—I cannot withhold my conviction that the general practice of medicine would be found unsuited to her physical, intellectual, and moral constitution—that she could not go thoroughly through with the preparation necessary for it without impairing many of those higher characteristics for which we honor and love her. There may be exceptions, but a profession cannot be filled by exceptions. I have spoken of some of the unfavorable influences of professional pursuits on our own minds; such influences would be doubly hurtful in their results upon the mind of woman. It is difficult to conceive that she should go through all that we have to encounter in the various departments of the study of medicine, without somewhat tarnishing that delicate surface of the female mind, which can hardly be imagined even to reflect what is gross without somewhat of defilement.

The common Creator of man and woman, with a view to their relative uses in the great economy of human existence, has seen fit to give them constitutions widely different. While to man he has given strength, to woman he has given beauty; while man has been endowed with a capacity for the investigation of truth by the laborious process of reasoning, woman has been enabled to arrive at results, perhaps as little liable to error, by a mere act of perception; what he does by labor, she does by intuition; he is carried forward in the active business of life by a courage and enterprise which lead him to encounter and almost to court dangers and obstacles; she, whilst she shrinks at perils and difficulties when they are distant, meets them, when they assail her, with a fortitude which amounts almost to heroism.

The office of the physician and surgeon calls for those qualities which are characteristic of man. It is attended by many hardships of body and trials of mind, which, though not greater than those which women undergo, are yet different from them. He must be exposed by night and by day, to the wind and the storm, to cold and to heat; he needs bodily strength, endurance, and activity. So, too, he must be unmoved by suf-

fering ; he must be firm amidst dangers ; he must have presence of mind in doubt and difficulty ; he must not shrink from inflicting pain ; he must forget that he is doing so ; he must not be carried away by his strong sympathies, he must often act as though he had them not. Is the nature of woman competent to this ? Should we love her as well if it were ? Would she not be less a woman ? We have each our office at the bedside of the sick—but it is a different one. We cannot perform hers, and she cannot perform ours.

But, however strong our conviction may be, that the burden which we often find it so heavy to bear—the responsibilities which we sometimes shudder to assume—the toils which are found to wear out the frames and shorten the lives of medical men—are unsuited to the more tender constitution of the other sex, let this conviction be never expressed but in the earnest and respectful language which becomes the subject. Let us be sure that we are governed by a sincere regard for truth and usefulness, and not by a mean jealousy of encroachment on a profitable field of labor. We may be wrong in our views ; but, if right, the right will be best asserted by that calm and unimpassioned expression of it which becomes at once the truth and our relation to the other sex. Above all things, let opposition never assume the attitude of hostility or defiance. This is no subject for ridicule ; and no man of honor or right feeling can ever make the respectable female practitioner the object of a heartless jest or a cold-blooded sarcasm.

I have left myself barely time to hint at one other element of the best success in our profession—an element without which, the others I have mentioned are but as sounding brass and a tinkling cymbal—I mean a high personal character. To deserve and retain the permanent confidence of mankind, the physician should be a man of honor, of integrity, of truth. “No man,” says Quintilian, “can be an orator, unless he be a good man.” How much more strikingly is this maxim true of the physician ? Upon whom are laid higher responsibilities ? Upon whom is it more essential that mankind should be able to lean, with that perfect trust which can only be founded upon moral qualities ? And is it out of place to add here, that, as the crowning element in the medical character, there should exist a firm, but unostentatious faith, the only sure foundation for all other excellence.

I cannot impress this sentiment more strongly than by using the words of a late teacher in this school, eminent for his long services in the profession, and for the many benefits he has conferred upon this institution. “A mere moral sentiment is not a sufficient support to the character of a professor of the healing art. He is daily placed in situations and involved in responsibilities which can be known to no human mind but his own ; and if he does not feel answerable for his conduct to a higher consciousness than that of his own heart, he may stand on ground which will sink beneath his feet. Religious opinions and religious feelings form a highly important part of the medical character. They carry us through scenes of difficulty and danger, in a manner satisfactory to our own consciousness. They enable us to give support and consolation to patients who are suffering under mental as well as bodily distress ; and they pu-

rify all our conduct by the reflection, that we must give an account of the motives of our acts, as well as of our manner of performing them. The loss of our patient's confidence, the jealousies of our professional brethren, the disappointment of our sanguine hopes, are all soothed or obliterated by higher feelings. And, finally, the confidence of every patient, whether religious or not, will be greatest in a physician who is animated by the noblest principles which the human mind is capable of entertaining."*

And here I might close, but some may perhaps feel that it is discouraging to aim at so high a standard, when there are so many examples of great success in those who fall far, very far below it—who possess, indeed, few of those qualifications upon which I have insisted. It is mortifying to be obliged to admit that this is too often true; that men do succeed who are greatly deficient in the sterling qualities, which should alone give a passport to the confidence of mankind. But I must still maintain that these are exceptions, and that, although in a few cases, they acquire a high reputation and maintain it to the end of their career, yet that usually it is not so. More frequently their success is not permanent. They pass very currently during the early and perhaps the middle period of life—but its decline is attended by a marked diminution of reputation, and their old age is passed in neglect and forgetfulness. Any one who has been conversant with the profession for a whole generation, must have noted repeated instances, where men who have had great notoriety and extensive employment for a series of years, have declined in public esteem, and passed into comparative obscurity, at a period of life when those, whose characters have been founded on the true basis, are reaping their richest harvest.

But the success, even for a time, of men without attainments and without character, is by no means a slight evil; and it is a greater evil to the community than to the profession. It has been to me, I confess, a constant subject of amazement to witness what small pains so many take to satisfy themselves of the real scientific and personal qualifications of those to whom they entrust so important a responsibility as that of their medical attendant. We constantly see persons of education, refinement and intelligence, placing themselves, their wives and their children, in the hands of men not only ignorant of the art they profess, but whose very touch is contamination, and the atmosphere around them corrupt. While they spare no pains and grudge no expense to secure lawyers, teachers, mechanics, who have had a competent preparation in their respective departments, they trust men as physicians of whom they know nothing but their vain pretensions, and of whom, very likely, the worst feature is not their deficiency of medical education.

Still, let me not be supposed to imply that this is generally true of mankind. It is true of many—and many of whom we should not expect it. But there is much in the nature of disease and in the effects it produces on the mind, which account for it. You may be assured that in the long run, only men possessed of some sterling qualities will secure

* Dr. Warren's Address before the American Medical Association at Cincinnati.

the permanent confidence of mankind. The examples to which I have alluded are prominent; they excite our attention—too often they provoke us to anger—but, after all, they are exceptions. The great mass of medical patronage is enjoyed by those whose education and characters render them worthy of it. Look around us in our own community, and upon whom does its affection and confidence most securely rest for a series of years? Who among the physicians of this place, within the memory of the present generation, have been most implicitly trusted and beloved? They have been men of education, of talent, of honor, of integrity, of benevolence. We are apt to indulge at certain moments in complaints of ingratitude and a want of due appreciation; but I must be permitted to say, as the result of the experience of many years spent in the most laborious duties of the profession, in all classes, among the rich and the poor, the educated and the uneducated, the refined and the vulgar, the good and the bad—that this complaint is unfounded. And let me say too, as a word of encouragement to those who are now taking their first lessons in our art, that as I believe no man exercises a more honorable office among his fellow-beings than the accomplished and conscientious physician, so I believe there is none who reaps a richer reward in the confidence, the affection and the gratitude of those whom he is called upon to serve.

NOTES FROM CLINICAL LECTURES.

DELIVERED AT THE MASSACHUSETTS MEDICAL COLLEGE, BOSTON,

By HENRY J. BIGELOW, M.D.,

Professor of Surgery in the College, and one of the Surgeons to the Massachusetts General Hospital.

[Reported for the Boston Medical and Surgical Journal.]

MONDAY, JAN. 20, 1851. Case I. *Fatty Tumor beneath Fascia.*—The first patient upon whom you saw an operation performed on Saturday, was a boy with a large tumor extending round the arm in the deltoid region. It was of seven years gradual growth, and had now become bulky and inconvenient. It offered some quite uncommon features. Large fatty tumors are common enough in this region. I removed one weighing four and three quarter pounds from the arm of an old lady who was soon quite well. "*Shoulder-strap tumors*," which lie over the outer triangle of the neck, are popularly supposed to be produced by the rubbing of the dress upon the shoulder, and are of this nature. The back is a common place for them; and the female breast also. In short, they grow almost everywhere, and directly under the skin. I had one patient in whom the existence of six or eight in various places, showed the disease to be constitutional. From all these places the removal of the fatty tumor is usually a small matter; excepting, perhaps, the back of the neck. The mass lies in the cellular tissue; and where this is lax, by distending it, it grows with few lobes; but where the surrounding fibres are dense, they cut it up into numerous lobes. Now the fatty tumor has a habit of getting through an aperture in the cellular tissue or anything else, and of growing upon the other side into a lobe too large to be drawn back through the

same hole; so that you must cut or tear the band of fibres at the neck of each lobe, and then the whole mass very readily and neatly turns itself out of its bed. But suppose the cellular tissue to be so dense and close, as about the *ligamentum nuchæ*, that you cannot tear it; while for the same reason the tumor has been cut up into a great number of little lobes, each tied by its neck into a little cavity; to dissect all these would be endless; and you are obliged, as has twice occurred to me, to take out from the back of the neck the whole mass, wrapped up in the cellular tissue. It is quite like removing a breast, but less easy because there is more resistance; and this even where the tumor has previously seemed to be very loose and moveable. Elsewhere, cut well down upon the tumor; keep it dissected clean; cut on the tumor and not into its neighborhood, and you will have no difficulty. In the present case you saw six inches of the brachial artery and vein dissected quite clean and exposed. You often hear of large vessels being exposed in the removal of a tumor. Do not get the idea that they are purposely denuded, or that such a dissection is made with the intention of enucleating them. It is not so, and you will readily see how it happens. A tumor grows beneath the fascia, and presses upon the neighboring cellular tissue, which is absorbed before it until in fact it lies directly against a large artery and vein. Now you will find that in dissecting, you can often draw the tumor away from these vessels, so that keeping the edge of your knife always against the tumor, it may, perhaps, never be nearer than an inch, to the vessels; and yet when the mass is out, and you examine the bed in which it laid, you will find the large artery and vein just as near to the surface as they were to the tumor; perhaps, as in this case, bare, and directly upon the surface.

The present tumor extended quite round the arm, beneath the long head of the triceps, and on the inside had pushed under the brachial artery and vein. It was also traversed by an artery as large as the facial, and indented by the internal cutaneous nerve. It began, small, near the insertion of the deltoid. I stated to you that it had all the feel of a fatty tumor; lobulated outside; less so, but large and fluctuating, on the inner aspect. The only doubt was in the fact that fatty tumors do not belong beneath the deep fascia, where this evidently was. They almost always grow directly under the skin. I never saw one thus deep, before. Yet such are recorded, one beneath the trapezius and one beneath the mamma. So that in making the diagnosis, I mentioned fatty tissue as the probable material, apart from its anomalous position which made it a little doubtful. I made a long incision inside the biceps, and separated the tumor from the artery, vein and internal cutaneous nerve. A parallel incision six inches long was then made outside the arm near the triceps, and the chief obstacle to the removal of the tumor was found to be its close attachment here by its membranous septa to the periosteum itself. These divided, the aperture beneath the triceps was dilated up and down, and the tumor was then drawn out through this opening under the muscle and the external incision. It weighed one pound and four ounces.

[The remainder of this lecture will be given next week.—ED.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 29, 1851.

American Physicians Abroad.—Quite a number of American physicians are now travelling in Europe, and other foreign countries, or are on the point of departure for that purpose. The wonderful facilities which are afforded for travelling abroad, together with the great attraction of the world's fair, soon to be held in London, no doubt induce many to go that would otherwise remain at home. It is our own intention, if life is spared, one of these days to visit places the other side of the *big water*, that we have so often read of. But previous to this, we should wish to make a thorough tour of our own dear country. It would appear very awkward, in a foreign country, to be asked about celebrated places in our own, and be obliged to say that we never saw them. There are no doubt many of us who have never yet visited the Falls of Niagara or the Mammoth Cave. We have on the continent of North America, as much that is naturally beautiful and attractive as can be found any where else, and which merits a pilgrimage to it before other continents are explored. To visit other countries for medical improvement *alone*, to learn of great masters of our art what is supposed could not be learned at home, originates in a mistaken idea, and may be considered time misspent. We are inclined to agree on this point with Prof. Ware, whose remarks on the subject may be found in another part of to-day's Journal. In no country on the globe are there better opportunities for the prosecution of medical investigations, than in ours. Material for the pursuit of practical anatomy is as abundant as is necessary for *good dissections*, and we have other means of illustrating the diseases *peculiar to our climate*, which could not possibly be exceeded abroad. We have been prompted in making the above remarks, by often hearing young graduates in medicine talk about going to Europe to *complete their education*, as though it was a necessary requirement, and their education could not possibly be completed at home.

Dr. T. H. Yeoman on Consumption.—This is the title of a little English book which has been "revised by a Boston physician," and published by Munroe and Co., of this city. It appears, from the author's preface, that the "nucleus" of it was a series of papers published in a London periodical in 1847. In the preface by the American Editor, he says: "By leading the public to a correct understanding of the disease, they will be made to comprehend the difficulties with which the medical man has to contend, to know how much and what kind of aid they are to expect, and to see that if they do not get the benefit which they hoped for from intelligent and educated men of the profession, it is not to be found in the specious pretensions of charlatanism." The author faithfully and vividly portrays this insidious disease, from its commencement to its termination. It being published more for the use of the general reader than for medical men, perhaps it would have been in better keeping not to have treated of remedies at all. In speaking of the curability of consumption, the author truly remarks: "It may be considered an opprobrium to the medical profession; but, nevertheless, every honest physician must admit, that all at-

tempts to cure tuberculous consumption have hitherto failed. To reply to the anxious inquiry of a father, or a husband, that consumption *is* curable, would be a ‘delusion, a mockery and a snare;’ and the man who would *presume to say* this, can only be considered a ‘boasting charlatan.’” The quotations are the words of Sir James Clark, which Dr. Yeoman adopts as his own. Although the author is compelled to admit that the disease is seldom if ever curable, yet he, with others, acknowledges that it may be palliated, its progress retarded, and in some instances long life, with comparative health, secured to those who use the means which art is able to suggest. “We may shelter the vessel, but we cannot restore the wreck.”

Billings's Principles of Medicine.—This work, by Dr. Billings, deserves to be carefully read, and even *studied*, by the profession. In it will be found much that is really *new*, instructive and valuable. We know of no work on the principles of medicine that we have read with greater satisfaction and profit. Dr. Billings has certainly accounted for many of the phenomena of disease on new principles, which at least appear tenable. It is published by Lea & Blanchard, Philadelphia, from the fifth London edition. Ticknor & Co. are the Boston publishers.

Cod-Liver Oil.—There seems to be quite as much demand for cod-liver oil as ever. We have lately been informed by one of our apothecaries, who deals pretty extensively in the article, that his average sales amount to about two barrels per month, and it is with much difficulty that he can procure enough to supply the wants of his customers. We should judge, therefore, that the profession are giving it a very thorough trial, and it is hoped may be able, in due time, to give us good accounts of its salutary effects.

Novel Treatment of Sciatica.—“A very curious medical discovery has lately been made in Paris—it is the method of curing instantaneously, sciatica, by applying a small jet of fire upon the ear of the side affected. This treatment, known and employed for ages among the Scythians, in Persia and in Portugal, is now only in actual use in some parts of Corsica. Several experiments have lately been made by some of the most eminent physicians of Paris, and with astonishing success. Persons who have been for months affected with sciatica, have been instantly cured by this light and innocent burning.”

The above information respecting a reputed new discovery for the treatment of that tormenting affection, sciatica, is from no reliable source, and therefore no confidence can be placed in it. There would hardly seem to be the least shadow of truth connected with it, but as it is going the rounds of the newspapers, and perhaps many might give credence to it, we have thought proper to make a few remarks upon the subject. If such a procedure, as the application of the actual cautery to a part remote from the seat of difficulty, can be in the least serviceable, it is hardly explicable on physiological principles. Strange results will sometimes happen in the treatment of diseases, from the most incongruous management, and it is known that some of the most brilliant discoveries were the result of accident. Now in the case of burning the ear for sciatica, it may possibly, in some instance, have been attended with immediate and permanent relief

to the suffering patient, on the principle of fear—the nervous system receiving a shock that would dispel any fugitive pain in the tissue invaded. Numerous instances are recorded wherein similar results have been obtained. An intractable gleet has been checked by the dread of an application of the moxa to the scrotum. An issue in the extremities has relieved patients of difficulties in parts remote from them. Odontalgia is often cured by blistering the face. The establishment of irritation on any part of the body may have a tendency to relieve pain, *while it predominates*; but as to the *permanency* of the relief, no reliance can be placed in it. We may possibly hear something further on this subject, respecting the principles of treatment, the number of the successful cases, &c.; until then, we shall deem the announcement of a new discovery as premature.

Experiment in Medical Journalism.—The following valedictory appears in the December number of the St. Louis Probe, a monthly medical journal which has been ably conducted during the last year. It is recommended to the notice of those who are athirst for an editorship, and who suppose that pecuniary profit as well as fame awaits those who are engaged in that vocation.

"The present number closes the first volume, and ends the publication, of the Probe. During a year's experience in Journalism, we have been convinced that neither fame nor funds can be acquired by conducting a medical monthly, and that many members of the medical profession are miserably poor in pocket, and more are deficient in moral principle, however well they may be imbued with the principles of their profession. We are inclined to believe that a large number, who have received our Journal without paying for it, have devoted themselves to the study of scorbutus, with some success; for we must say they have treated us most scurvily, and not a few have shown a thorough acquaintance—not with abstract principles—but with the principles of abstraction, which would entitle them to the consideration of the judiciary. For the kind favors and warm support we have received, however, from the better portion of our brethren, we return our hearty thanks, and thus take leave of them. Our hearts are so very full, and our pockets so very empty, that we are unable to say more."

Medical Institution of Yale College.—The Annual Examination of Candidates in this Institution was held on Wednesday, January 15th, 1850. Present, on the part of the Connecticut Medical Society, George Sumner, M.D. of Hartford, *President*; Alvan Talcott, M.D. of Guilford; Orson Wood, M.D. of Somers; Pliney A. Jewett, M.D. of New Haven, and Benjamin Welch, M.D. of Salisbury: and on the part of Yale College, Professors Silliman, Ives, Knight, Beers, Hooker, and Bronson. The degree of Doctor of Medicine was conferred by President Woolsey, on eleven candidates, including two previously examined, viz:—Warren Parker Beach, Meriden, on "Pneumonia"; George Benedict, B. A. Danbury, on "Pneumonia"; Orlando Brown, Groton, on "Scrofula"; David Silliman Burr, Danbury, "on Pleurisy"; Samuel Catlin, Litchfield, on "Inflammation"; Henry Eddy, M. A. Guilford, on "Emetics"; Francis Coles Greene, New Haven, on "Apoplexy"; Jonathan Jones Howard, Richmond, Ky. on "Ophthalmia"; Robert Hubbard, Middletown, on "Bright's disease"; Matthew Turner Newton, Colchester, on "Uterine

Hemorrhage"; William Soule, Chaplin, on "Hysteria." The Annual Address to the Candidates was given by Richard Warner, M.D. of Middletown, late of the Board of Examiners. Alvan Talcott, M.D. of Guilford, and Benjamin Welch, M.D. of Salisbury, were appointed to give the Annual Address to the Candidates in 1852 and 1853. Orson Wood, M.D. of Somers, was appointed to report the proceedings of the Board to the President and Fellows of the Connecticut Medical Society.

Training of Idiots.—The Rhode Island Assembly, which is now in session at Providence, has granted the use of the Hall of the House of Representatives on the 29th inst. (to-day), for the purpose of hearing addresses from Dr. H. B. Wilbur, proprietor of the school for imbeciles and idiots at Barre, and from Mr. Wm. B. Richards, Principal of the Massachusetts Experimental School for Teaching and Training Idiots, at South Boston, upon the subject of the education of imbeciles and idiots.

Medical Miscellany.—Dr. E. R. Chapin has been elected Resident Physician of San Francisco.—Smallpox is quite prevalent in Vermont. A physician writes that the people are flocking to be vaccinated in great numbers.—There are 116 students attending the medical lectures in Harvard University.—Dr. T. H. Smith, an irregular practitioner of this city, has been indicted by the Grand Jury for the crime of manslaughter, in causing the death of several persons by the injudicious use of powerful medicines. He has been held to bail in the sum of \$2500 for his appearance at court.—We are glad to notice that at least one regular physician (Dr. Franklin Tuthill, of Southold, L. I.), is placed on the Standing Committee on Medical Societies and Colleges in the New York State Assembly.—The Physicians of St. Louis, during the session of the State Medical Association, (the 5th November, 1850), gave a handsome entertainment to the members of the profession in attendance on said Association. About one hundred and fifty medical gentlemen sat down to the supper, besides invited guests.—The number of patients at the Boston Lunatic Asylum the last year, is reported at 276. Thirty-seven have been discharged cured, and 25 have died.—Professor Simpson has been elected President of the Edinburgh College of Physicians for the ensuing year.—Dr. Begbie has been unanimously elected President of the Medico-Chirurgical Society of Edinburgh.

SUFFOLK DISTRICT MEDICAL SOCIETY.—An adjourned stated meeting of this Society will be held at their rooms, Masonic Temple, this afternoon, at 3½ o'clock. A punctual attendance is requested, as business of much importance is to come before the meeting.

TO CORRESPONDENTS.—In addition to papers already acknowledged, there have been received—Dr. Jewett's Case of Emphysema, Dr. Mansfield's remarks on Lambert's Physiology, and Dr. Cross's report of cases. The excellent address of Dr. Ware has crowded out some of these papers this week; but its length, we are certain, will be objected to by no one who reads it. Nothing has been received from the absent editor since the letter last published. Despatches from him, it is presumed, are on board the Atlantic steamer, now a fortnight beyond her time.

Deaths in Boston—for the week ending Saturday noon, Jan. 25th, 69.—Males, 35—females, 34. Apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 1—congestion of the brain, 1—consumption, 10—convulsions, 3—croup, 2—dysentery, 3—dropsy, 2—dropsy of the brain, 2—drowned, 1—erysipelas, 1—typhus fever, 3—typhoid fever, 2—scarlet fever, 1—lung fever, 6—rheumatic fever, 1—hooping cough, 1—disease of the hip, 1—infantile, 4—inflammation of the lungs, 5—marasmus, 3—measles, 5—old age, 2—puerperal, 1—theumatism of the heart, 1—smallpox, 2—spinal disease, 1—teething, 1—worms, 1.

Under 5 years, 33—between 5 and 20 years, 6—between 20 and 40 years, 13—between 40 and 60 years, 10—over 60 years, 7. Americans, 27; foreigners and children of foreigners, 42.

Dr. Carpenter's Prize Essay.—The Massachusetts Temperance Society have republished Dr. Wm. B. Carpenter's Prize Essay on the Use and Abuse of Alcoholic Liquors in Health and Disease. Mention was made of the work in our Journal some time since, on receiving a copy of the Philadelphia edition, from Messrs. Lea & Blanchard. It is not to be expected that *every one* will assent to all the opinions advanced by Dr. Carpenter in his essay, nor is it certain that they are entirely correct; nevertheless, they are entitled to our confidence and consideration, and the work should be carefully read. There can be no doubt that it will be the means of doing much good. Many will be *convinced* of the injurious effects of liquors, when habitually made use of as a *beverage*, and in consequence abstain from them. Such individuals are far more willing to give heed to the warnings of the physician, than to those of the divine or moralist. Crosby & Nichols, Boston, are the publishers.

Inhalers, for the Topical Treatment of the Air-passages.—An opportunity has lately been afforded us, of seeing an inhaler, invented by Dr. W. M. Cornell, for the especial medication of the throat and lungs. It is made of glass, and being uncomplicated, can be used without difficulty by the patient, which must be quite a desideratum. To those who think favorably of this mode of treating the diseases of the air-tubes, we can recommend this inhaler.

A Chinese Execution.—A Mr. Lynton has lately made a communication to the Asiatic Society of London, descriptive of a mode of punishment, peculiar to the criminal code of the Celestial Empire. A Chinese merchant named Hiam-ly, accused and convicted of having killed his wife, was sentenced to die by the total deprivation of sleep. The execution took place at Amoy, in the month of June last. The condemned was placed in prison under the *surveillance* of three guardians, who relieved each other every alternate hour, and who prevented him from taking any sleep, night or day. He lived thus for nineteen days, without having slept for a single minute. At the commencement of the eighth day, his sufferings were so cruel that he begged, as a great favor, that they would kill him by strangulation.

Chloroform, an Antiseptic and Substitute for Quinine.—Statements have been recently laid before the French Academy of Science, that chloroform has been found to be an antiseptic of great virtue, preventing animal decomposition after death, or promptly checking it if already commenced. Besides this use of chloroform, Prof. Delioux, of Rochefort, has recommended it as a substitute for quinine. He has treated various cases of periodic fevers with this remedy, with regular success. He administers it in doses from 9 to 30 grains, according to the severity of symptoms, mixed with syrup and water.

Tea in the United States.—Dr. Junius Smith, who is paying great attention to the culture of tea in South Carolina, says that the heat of summer is far more to be feared for the tea-plant than the cold of winter, and requires more watchful care. He adds that he should not be surprised if the cultivation of the tea-plant should be vastly extended in New England, while comparatively it stands still at the South.

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